DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission) hours a. COUNTY a. STATE b. County 훈건축 Queen Anne Marvland MARYLAND and b. CITY OR TOWN (if outside corporate limits, ٥ c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give negrest town) 24 write RURAL and give neerest town) .E ~ Sudlersville Sudlersville within Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) d. STREET ADDRESS hours carbon papers. completely executed 3. NAME OF First Middle DATE Month 4 DECEASED J. Louis Anderson Dec. DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 9 9 lest birthday) Male White certificate reb. WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, aven if retired) Farm 占 Retired Farmer Grumpton, Maryland please death 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending and James Anderson Ella Leager Then The law requires that the 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (lives give werordetes of service) been signed by the 220-26-820 Mrs. J. Louis Anderson-Sudlersville. permit. attending physician, 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] 6 PART I. DEATH WAS CAUSED BY: has been signed he burial-transit p IMMEDIATE CAUSE (a) cremation, DUE TO Conditions, if eny, which (b) geve rise la immediate cause burial DUE TO (a), stelling the underlying the ceuse lest. the hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT MINAL DISEASE CONDITION GIVEN IN PART 1(a) 2 0 CERTIFICATION 950 prior ģ 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of Item 18.) R: After this detached for OR CONTRIBUTING [CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by WEDICAL 20e, PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20f. (City or town) ŏ fectory, street, office bldg., etc.) While Not While Hour DIRECTOR: at work at work State saw the deceased alive on.... may 22a, SIGNATURE the ന ATTENDING STAFF HOSPITAL rector, page a filed with the death. Page 4 O FUNERAL DIRECTOR PHYS. PHYS. M.D. Page 22d. ADDRESS 22c PHYSICIAN'S ersville. Maryland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county 23e. BURIAL, CREMATION, 23b. DATE THEREOF D. P. B Sudlersville. REMOYAL (Smecify) Sudlersville, Dec. 24 FUNERAL DIRECTOR'S SIGNATURES ADDRESS 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR lievely Church Hill. Md. VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

B. IS RESIDENCE

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IF UNDER 24 HRS.

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INTERVAL BETWEEN

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FOR STATE HEALTH DEPT.

IO DEPUTY BY CAL EXAMINER. This certificate should be executed within 24 hours after death. If any is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funcal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR. Page 3 should be used as a buriel-transit permit. File pages and 2 with the State Board of Health, or its designated agent, prior to buriel, cremation, or removal, and in any event within 72 points after death. VS. A15ME 5M 7/59

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	MARYLAND STATE DEPARTMENT OF HEALTH	
ion of	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, I	MARYLAND
00	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	COUNTY.

e. COUNTY e. STATE	NCE (Where decessed lived, If institution: Residence before edmission b. COUNTY Q.A. (If outside corporete limits, write RURAL end give neerest town) CLESTE e. IS RESIDENCE ON A FARM YES NO D								
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) d. NAME OF HOSPITAL OR INSTITUTION (if not In hospite), give street address) 3. NAME OF DECEASED (Type or print) DIAGRA MARYLAND C. LENGTH OF STAY IN 16 C. CITY OR TOWN A GRAND OF TOWN C. CITY OR TOWN A GRAND OF TOWN A GRAND OF TOWN C. CITY OR TOWN A GRAND OF TOWN A GRAND OF TOWN C. CITY OR TOWN C. CITY OR TOWN C. CITY OR TOWN A GRAND OF TOWN C. CITY OR TOWN C. CI	(If outside corporete limits, write RURAL end give neerest town) Cheste e. IS RESIDENCE ON A FARM?								
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) 3. NAME OF DECEASED (Type or print) Bindie Deptha Brown	Chester o. IS RESIDENCE ON A FARME								
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) d. STREET ADDRESS i. NAME OF DECEASED (Type or print) Bindie Bertha Brown	e. IS RESIDENCI ON A FARM?								
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OECEASED (Type or print) Birdie Bertha Brown	YES NO 4								
OECEASED (Type or print) Birdie Bertha Brown									
(Type or print) Bindie Bertha Brown	4. DATE Month Day Year								
SEX 16. COLOR OR RACE T MARRIED TO 18 DATE OF RIGHT	DEATH /2 21 19 65								
V. MAKKED NEVEK MAKKED	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.								
F C WIDOWED DIVORCED 1 4/9/03	Alast birthday) Months Deys Hours Min.								
De. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Steh	- Con								
lone during most of working life, even if relired)	Md. 1/14								
73.0	(101)								
3. FATHER'S NAME 14. MOTHER'S MAIDEN									
Thomas Jone Sar	ah sake while								
5. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address								
Yes, no, or unknown] (If yes give were deterof service)	den Chester, Md								
18. CAUSE OF DEATH [Enter only one cause per fine for (e), (b), end (c).]									
PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH								
IMMEDIATE CAUSE (a) (ere bra Hemork	age Innediate								
443 X DUE TO									
Conditions, if only, which) (b) Hypertensive C-V	Disease yrs.								
geve rise to immediate cause	0000								
(e), sleting the underlying DUE TO									
cause lost. (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?								
*	YES NO F								
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Per CAUSE OF DEATH.)	ort I or Perl II of item 1B.)								
PRIMARY OF CONTRIBUTING CONTRIB	Design Total Telephone								
	m, 20f. (City or town) (County) (Stete)								
20c, TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, for Hour e.m. While Not While fectory, street, office bldg., etc.									
p.m. 19 st work et work									
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection inquiry . and in my opinion									
death resulted from: Natural causes Accident . Suicide . Homicide	Undetermined manner								
CHIEF MEDICAL									
1 2 2 2									
SIGNATURE M.D. ASSISTANT ME	DICAL EXAMINER DATE SIGNED								
EXAMINER'S	AL EXAMINER 7 /2/22/65 city, town, or county)								
28-BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY	22d, JOCATION (City, town, or country) (Stete)								
DUN 10 12-25-65 Ches TER CEMETERV	Chiero ANNE MO								
curac for the first first of	C'D BY REGISTRAR 246. BEGISTRAR'S SIGNATURE								
TOTAL PINCESTON	20 1965 Charles Judge								
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FOR STATE HEALTH DEPT.

lay is necessary, 3 to the funeral Page 5 may be Department after death. tate hours any delight, 2, and PM3. EXAMINER: This nertificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, nould be forwarded to the Chief Medical Examiner's Office along with form N 3 and a pages 1 in any File permit. I removal, burial-transit cremation, or used as a to burlal, o 60 or or 3 should basent, price DIRECTOR: Page its designated a the cert files. FUNERAL DIRECTOR: f Health or its design execute the r. Page 4 s d for your 1 director. Pag retained for y

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

DATE

EXAMINER'S PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY uzen aha MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RORAL and give nearest town) een e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, Live street address) d. STREET ADORESS Brozd NO. YES DATE Month Day NAME OF Year First Middle Last DECEASED OF 100 0 DEATH (Type or print) 196 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Hours | Min 5. SEX 6. COLOR OR RACE 8. 9, 7. MARRIED NEVER MARRIED WIDOWEO DY DIVORCEO VIS. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KINO OF BUSINESS OR (State or foreign country) COUNTRY? INDUSTRY Tiren 13. FATHER'S NAME Uames 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Queen Ann's M (Yes, no, or unknown) | (If yes give war or dates of service) ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) rtro Selerotie 'azalie Vascalar **OUE TO** Conditions, if any, which (b) gave rise to immediate Vears DUE TO Disease cause (a), stating underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMEO? NO YES T 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While While p.m. 19 at work et work Inquiry . Inspection ... and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Homicide Undetermined manner Natural causes Accident Suicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county)/ NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. 23c. REMOVAL (Specify) REC'D BY REG 965 BEGISTRAR'S SIGNATURE AODRESS **FUNERAL DIRECTOR** 290E lionely

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FOR STATE HEALTH DEPT

D DEPUTY MEDIONE EXAMINER: This certificate should be executed within 24 hours after death. If any delay coessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with pure 1.0.3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MEDIC.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

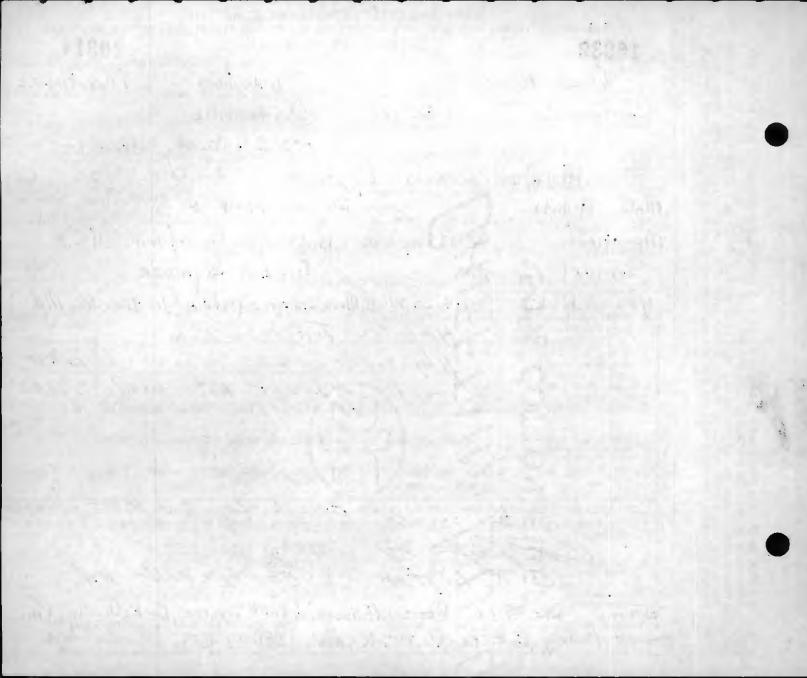
H		Carrier of Pariti	11020
1.	PLACE OF BEATH B. COUNTY DUEEN ANNE'S MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Resi	ANNES
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CENTREVILLE All his Life	c. CITY OR TOWN (IS outside corporate limits, write RURAL ar	nd give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address	1 0 1 1 -	a. IS RESIDENCE ON A FARM?
		1 KOUTE # 3	YES NO
	NAME DE DECEASED (Type or print) Robert David Di	Last 4. DATE Month OF DEATH Last Very Control of Cont	Day Year 3 1965
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1) Jast birthdey Months December 1	YEAR IF UNDER 24 HRS. Bys Hours Min.
111	AE White WIDOWED DIVORCED	11ARCh 12 1898 67 yrs.	
	USUAL OCCUPATION (Glva kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY ZETIRED FARMER FARM	OUEEN ANNES CO Md. 12. CITI	ZEN OF WHAT
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	THE CONTRACTOR OF THE PARTY OF
	William C. Dill	Emma Clara Shahaw	
15. (Yes	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no., or unknown) (If yes give war or dates of service)	INFORMANT ROUTE 3 Address	1
		MES A. DILL CENTREVILLE, III	d,
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		ONSET AND DEATH
	Conditions If any which I	exisis Carplin Vasular	Vears
	gave rise to immediate		/
	underlying cause last.		
00		LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
ST.	Polory Myo Cardial	Infart	YES NO
EDICAL CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCUPATION OF CONTRIBUTING CAUSE OF DEATH.	CURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
정	fac	ACE OF INJURY (Homs, farm, 20f. (City or town) (Count tory, street, office bldg., etc.)	y) (State)
MED	Hour a.m. While Not While p.m. 19 at work et work	7,1,0,1,0,1,0,1,0,0,0,0,0,0,0,0,0,0,0,0,	
-	21. I certify that I took charge of the remains described above, h	eld an Autopsy 🔲 , Inspection 🗐 , Inquiry 💢 ,	and in my opinion
	death resulted from: Natural causes . Accident . S	uicide 🔲, Homicide 🔲, Undetermined manner 🗌	
	ACTUAL P TO CONT.	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
	SIGNATURE () Cay Cay	M.D. ASSISTANT MEDICAL EXAMINER	2-5-60
	EXAMINER'S C, R, Layton	Address (Street, city, town, or county) Centr	e will ky
23a.			
t	SURIAL DELLO, 1961 NOODLAWNIE	world lacking 14/pot onty	HUAND
134.	FUNERAL DIRECTOR BAR ON ADDRESS	DEC 1965	The state of the s
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1	16932	CERTIFICAT	E UF DEATH	20314
1	i. PLACE OF BEATH	1	2. USUAL RESIDENCE (Where deceased liver	
	WUEEN HAN	AS MARYLAND	a. STATE MARYLAND	COUNTY QUEEN HANES
1	b. CITY DR TDWN (if outside corporate write RURAL and give pearest town	limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate lin	ilts, write RURAL and give nearest town)
ı	CENTREVILLE	WILL CIRS.	X CENTREVILLE	
ı	d. NAME OF HOSPITAL OR INSTITUTION	i (if not in hospital, give afreet address)	d. STREET ADDRESS	6. IS RESIDENCE ON A FARM?
			102 S. LIDERTY	STREET YES NO D
	3. NAME DE DECEASED	Middle	Last 4. DATE	Month Day Year
	5, SEX 6, COLDR DR RACE I	n JACOB EP	STEIN DEATH US	years IF UNDER 1 YEAR IF UNDER 24 HRS.
ı	5. SEX 6. COLDR DR RACE		Jast biri	months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work do		DEC. ZZ, 1904 61	yrs.
ı	during most of working life, even if retired)	INDUSTRY	1000 1 1 1 1 1 1	COUNTRY?
ŀ	13. FATHER'S NAME	RETAIL DRY Goods	14. MOTHER'S MAIDEN NAME	TWIAI Y'SUT.
ı	Samuel For	1=0)	1	20
1	15. WAS DECEASED EVER IN U.S. ARMED FOR	CES? 16. SOCIAL SECURITYNO. 17.	INFORMANT COMM	Address
ı	(Yes, no, or unknwn) (If yes give war or dates of:	218-20-8168	iss Speak Fosteral (ENTREVILLE Md.
ľ	16. CAUSE OF DEATH [Enter only one	cause per line for (a), (b), and (c).]	The state of	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hapatie	1-ailure wells	ONSET AND DEATH
1	5810 DUET	0		12-
١	Conditions, If any, which gave rise to immediate	b) Hejarie	Comrol	6110
١	cause (a), stating the DUET	O Promosis 6	This or Nuter	ex 27 154220
1		S CONTRIBUTION TO DEATH BUT NOT DE	ATED TO THE TERMINAL DISEASE CONDITION GI	VEN IN PART 1(a) 119. WAS AUTDPSY
	PART II. DTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINI	O O O O O O O O O O O O O O O O O O O	THE TO THE PERSONS CONDITION OF	PERFORMED?
	20a, ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury In Part I or Pa	
1	DR CONTRIBUTING CAUSE OF DEATH	1 ER)		
ı	정 20c. TIME DE INJURY Month, Day, Yo	ear 20d. INJURY OCCURRED 20e. PL	ACE DF INJURY (Home, farm, 20f. (City or to	own) (County) (State)
1	ZOC. TIME DF INJURY Month, Day, You Hour a.m. 19	While Not While at work	ory, street, office bldg., etc.)	
1		tal) attended the deceased from	Aug 36, 1965 to De	c 26, 1965, that (I) (we) last
1	29M FILE MECEOSEM SILVE OF	Le 26 1965, and the	at death occurred at 6 M, from the c	auses and on the date stated above.
	22a. SIGNATURE	nd 2.5	ATTENDING - MED STAFF	22b. DATE SIGNED
,	22c. PHYSICIAN'S	sell- My M.	D. PHYS. DIRECTOR PHYS.	
	NAME (Type)	Eborton	Centre Ur.	1/e mel
	23a. BURIAL, CREMATION, 23b. DATE THE	HEREOF 235 NAME OF CEMETER	Y OR CREMATORY) 23d. LOCATION (City, town or county) (State)
	BURIAL DEC. 29	1965 Koosevat-11	EMORIA PARKTREVOSE,	Sucks County, PA.
1	24. FUNERAL DIRECTOR	A D ADDRESS	AAA BEA	5b. REGISTRAR'S SIGNATURE
1	James H. Browner "1940	in our lestworks	Mal, 10 29 1965	Inorted Ludge

be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certifical Page 4 may be retained by the hospital or attending physician.

> VR AIS (4) 20M 1/65



OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whate deceased lived, If institution, Residence before admission) a. COUNTY **b.** COUNTY by the i and 2 a death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 24 filled in E Pages 1 aurs after asomulle & NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? YES NO V 3. NAME OF First Middle Last 4. DATE Day Year DECEASED OF DEATH (Type or print) 1965. within carbon 6. COLOR OR RACE IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR and last birthday) Months Days WIDOWED [DIVORCED physician 10s. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY or foreign country) done during most of working life, even if retired) any Shrilling marry attending pl 13. FATHER'S NAME. .⊑ Mileus rus 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. that the 17. INFORMANT removal, (Yes, no. or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and ۵ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: as been signed (burial-transit per IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise lo immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): WAS AUTOPSY CERTIFICATION S 0 PERFORMED? for u. YES NO V 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While ö at work gat work ä Dept. 1965 21. I certify that (I) (this hospital) attended the deceased from DIRECTO plnous 1965, and that death occurred at D State saw the deceased alive M, from the causes and on the date stated above. 22a, _SIGNATURE 22b. DATE ATTENDING SIGNED MED. STAFF co PHYS. DIRECTOR PHYS. page with it M.D. HOSPITAL FUNERAL 22d. ADDRESS 22c. PHYSICIAN' NAME (Type) director, i 23d, LOCATION (City, lown 23a, BURIAL, CREMATION, 23b. 23c, NAME OF CEMETERY OR CREMATORY RIMOVAL (Specifie FUNERAL DIRECTOR'S SIGNATURE RECOD BY REGISTRAR VR A15 (4) 20M 5-63

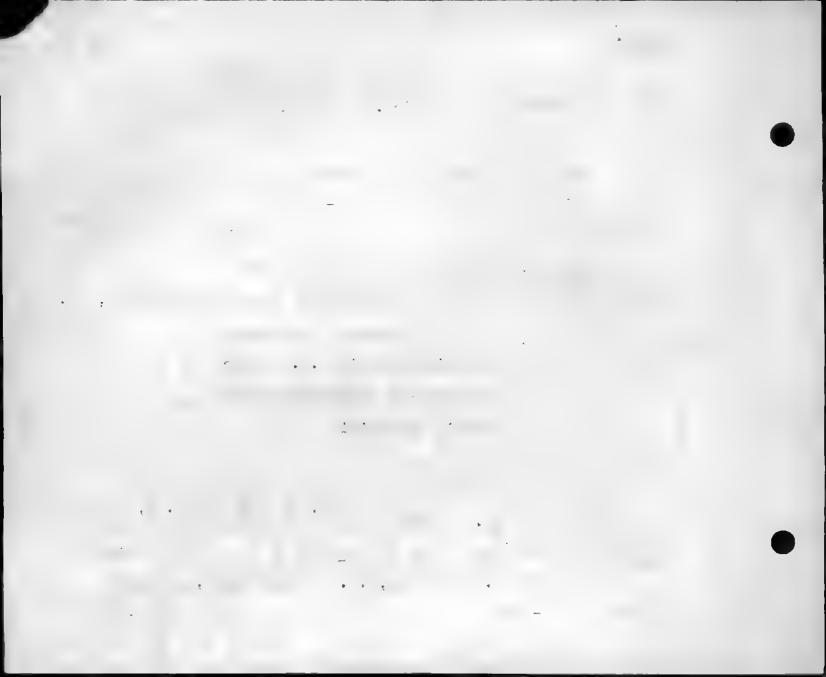
DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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deat and deat		1. PLACE a. CDI	DF DEATH						2. USUA	L RESIDEN	CE (Where	deceased li	red, If instit	ution: Reside	nce before a	admission)
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hours after death d in by the funeral rs. Pages I and 2 hours after death		Rur	TO DR TOWN THE RURAL ST	(if outside and give results)	de corporat learest town	e i mits,		Yrs.		ral S				RURAL and	give neare	est town)
F ho led i lers. 72 h		d. NA	ME OF HOS			N (If not In I	nospital, give	street address)	1	T ADDRESS			-		e. IS RE	SIDENCE FARM?
r fill y fill him.	X				Vone				N.	one					YES 🗌	NO
that the death certificate be executed within 24 hours after sician. In the size of the s	1		DF ASED or print)	John		Alc	nza		omas		4. DAT	1711	12	5	2.0	65
ute v ev		5. SEX			OR RACE		NEVER		8. DATE 01			9. AGE (in years IF oirthday) M	UNDER 1 YE	AR IFUNDI	ER 24 HRS Min.
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ate be hysician please ll, and h					en If retired OF Ma	ker	KIND OF BUSI INDUSTRY	HESS ON	₩e	st Vi	rgir	nia	igit cobita y y	USA	TRY?	
tifical ng ph hen p		13. FATE	IER'S NAME		Ma Ca					HER'S MAII Recor						
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ath certi attending simit. Th n, or rem		(Yes, no_g	onkawn)		war or dates of				sta M		as S	Sudle	**********	lle.	Md.	
nt the deal an. I by the a' ransit perr cremation,				EATH [En	ter only on	e cause per	line for (a), (b						·	1 47	TERVAL B	ETWEEN
hat the cian. led by the transit fremail.			PART I. DE/	ATH WAS	CAUSED BY:	(a)		Cerebi	al Th	romb	osis				INSET AND	DEATH
res that t physician, signed b ourial-tran			1221		DUE	то		-2 4.4		. D.						
rires phy rn sig buri buri		Condi gave	tions, if a		e /	(0)	erios	cleroti	LG U. 1	/.Ulb	988 9				-	
I: The law requal or attending all or attending ficate has bee for use as the Health prior to		under	(a), startying cause	e last.)	(c) Gen		zed Art								
r att r att te ha se a		PART	II. DTHER SI	IGNIFICAN	IT CONDITIO			TH BUT NOT REL		TERMINALI	DISEASE C	ONDITION	GIVEN IN PA	ART 1(a) 1	PERFO	UTOPSY RMED?
A The	100	1 20a	ACCIDENT I	WAS HADE	PIVING			ronchi 1		er nature o	& Inform In	Part I or	Part II of	Item 18.)	YES	NO _
hospit certiched ched pt. of	,		ONTRIBUTION THER, NOT	NG C CAU	RLYING DEAT ISE OF DEAT CAL EXAMIN	TH NER)	DESCRIPE III	ON MOOK! OOO	SIGNED: (ENC	oj nataro o	,,	1 1 1 1 1 1		2017		
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital TO FUNERAL DIRECTOR: After this certific director, page 3 should be detached fo should be filed with the State Dept. of H		MEDICAL	TIME OF III Hour a.m	ł _a	onth, Day, '	Year 20d. While at wor	2 P-1 INCL TAIL	RRED 20e. PL	CE OF INJU ory, street, o	RY (Home, fa ffice bidg., e	arm, 20f	. (City or	r town)	(County)		(State)
COLN Sed by Aft and by						ital) atten	ded the dec	eased from	Jan.	51	965	to De	c. 5.	, 19 _65	that (1)	(we) las
Shou th th		sa	w the dec	eased al		Dec.	519_	65 , and tha	t death oc	curred at	30P	from the	causes at	nd on the o	date state	d above
DR A		226.	SAGMATUR	F ×	1	1			ATTEND	ING -	MED. DIRECTOR	STA			SIGNED 65	
PITAL OR I may be RAL DIR OY, page be filed		22 0.	PHYSICIAL	<i>llell</i> N'S	10_/	1 tope	exif	M	22d.	ADDRESS	DIRECTOR	₹ (PH)	YS.	12/1/	05	
NER/	-		NAME (Ty	ch.	arles	H.S	tonesi	fer.M.I).	Gree	nsbo	ro,	Maryl	and		
TO HOSPITAL Page 4 may TO FUNERAL director, page		23a. BUF	IAL, CREMA	ATION, 2		THEREOF	23c. NA	ME OF CEMETER	Y OR CREMA	TORY				n or county		State)
= = "	4		LERAL DIREC		12-8-	-65		levill	е	1 25a PF				, Mar		ıd.
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1044 A CA	13	1 /1	3 - 1	· ULX	LLW A	الرياب المدين	100 0 10	£ X 2 3	~ 40	, DAIL	~ U	1000	11	/3		



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death: PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY by the fi Pages 1 urs after MARYLAND b. CITY OR IOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b OR TOWN (If dutside corporate limits, write RURAL and give nearest town) c. CITY write RURAL and give nearest town) rbon papers. Pag filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS completely 1 3. NAME OF First Middle DATE Last Month DECEASED DF DEATH (Type or print) EC 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIEO last birthday) and c and in an WIDOWED I OIVORCED ā 10a. USUAL OCCUPATION Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) | INDUSTRY physician and please re 11. BIRTHPLACE (County & State, or foreign country) RETIRED FARMER -ARN 13. FAJHER'S NAME removal. MOTHER'S MAIOEN NAME EDRAGE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? the attend it permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Ь (Yes, ng, or unkown) (If yes give war or dates of service) cremation, 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). gned by ial-transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) retained by the hospital or attending physician. been signed to the burial-transor to burial, cre OUE TO Conditions, If any, which 1 (b) gave rise to Immediate as the prior to DUE TO cause (a), stating the underlying cause last, (c) CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED for use Health p After this certificate hid be detached for use e State Dept. of Health | 20a. ACCIDENT WAS UNDERLYING OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm.) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should jied with the and that death occurred at 3 P. M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE ATTENDING PHYS. MED. OIRECTOR M.D. Pa I TO FUNERAL PHYSICIAN'S 22c. 22d ... ADDRESS director, p NAME (Type) lar BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (Cjży, town or county) 23d. BURIA FUNERAL DIRECTOR REC'O BY REGISTRAR 25b. REGISTION'S

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM? NO 🦳

Year

19 6.

Hours

INTERVAL BETWEEN ONSET AND DEATH

yea.

WAS AUTOPSY

PERFORMED?

NO I

(State)

that (I) (we) last

(State)

luc as v

YES T

(County)

22b. DATE SIGNEO

YES

Day

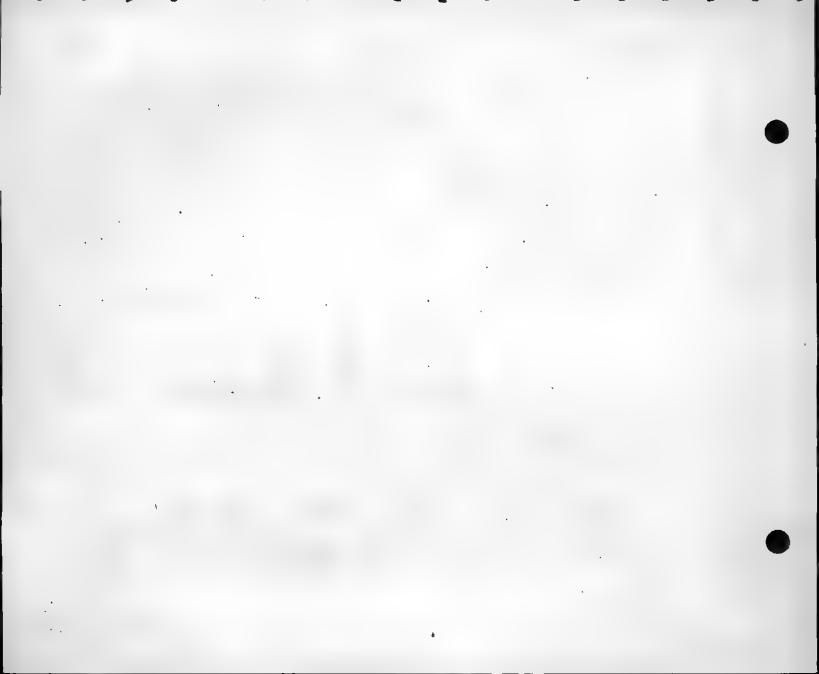
Oays

12. CITIZEN OF WHAT

Months

after hours executed within é certificate death

> VR AI5 (4) 20 M 1/65



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	18937 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY b. COUNTY c. STATE b. COUNTY c. STATE c. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
5 E S E S	QUEEN HANE MARYLAND OUSEAL ANNE
SS and Salar	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Depart the fu	CRASONVILLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS j. B. IS RESIDENCE
lay is cessary, 1 3 to the funeral Page 5 may be State Deparament ours aftered th	ON A FARM? YES NO
delay is nd 3 to nd 3 to State State hours	3. NAME OF First a Middle Last I.4. DATE Month Day Year
PM3	(Type or print) ANNA ELIZABETH C'DONNELL DEATH DECEMBER 2 1965
s 1, 2 orm P with ithin	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Iast birthday) Months Days Hours Min.
Page - Page	TO A USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
The state of the s	during most of working life, even if retired) INDUSTRY
n 18. (s. along pages in am)	13. FATHER'S NAME
hour ce a d in	JOHN WESLEY HORNEY SUSAN JANE BRYAN
24 0ffi 1 ag	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)
1 within 24 hoi pencil in Item miner's Office permit. File p removal, and	XX IMRS. HLVIN HOLDEN = GRASONVILLE I"D.
KAMINER: This certificate should be executed within 24 hours after death. If certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, uild be forwarded to the Chief Medical Examiner's Office along with form is. Page 3 should be used as a burial-transit permit. File pages found be used as a burial-transit permit. File pages found within gnated agent, prior to burial, cremation, or removal, and in an everywithin	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COTINATY OCCUITION INTERVAL BETWEEN ONSET AND DEATH
ecuting, all Englands	430 NISTO
uld be executed "pending" in ef Medical Exar a burial-transit cremation, or i	Conditions, If any, which by Artro sclerotic Cardio Vascalar
of the eff Market Marke	cause (a), stating the DUE TO 1/5 CASE 1/2015
wor Chi as urial	(c)
ficate shoul the word o the Chief used as a to burial,	Diahetis melitus
FR. This certificate, writing forwarded to 3 should be agent, prior (PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
his c wri ward ward naulc	
EXAMINER: This certificate, wrough be forward to the construction of the construction of the certification of the	Hour a.m. While Not While factory, street, office bidg., etc.)
Mini of be Page ated	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
the certificates the certificates the should be artifles. In files. CTOR: Page designated	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
	ACTUAL CHIEF MEDICAL EXAMINER 22. DAYE SIGNED
FY MEDIN Execute Page I for you WAL DIRE	AGIOAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 12-3-65
DEPUTY I CESS EXE	EXAMINER'S C. TODNEY LA TON Address (Street, city, town, or county) (entre ville GR My
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5 E E	BURIAL DEC. T CHESTER FIELD CENTREVILLE 100, 24 EUNERAL DIRECTOR ADDRESS 1 0 25a. REGISTRAR, 25b. BEGISTRAR'S SIGNATURE
VR A15ME	Colored Church Hell Med. DEC 1 3 1965 Jeliantes Judge
3500 4-64	



1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
E TO VEN	16938 CERTIFICATE OF DEATH 1.320
er death. e funeral 1 and 2 Er death.	1. PLACE OF DEATH a. COUNTY Queen Anne 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTQUEEN Anne
hours after d in by the f rs. Pages 1 t hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Stevensville C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Stevensville
fille 24 in 72	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
within pletely carbon at, wit	3. NAME OF DECEASED (Type or print) Ann First Elizabeth Potts 4. DATE OF DECEMber 9 19 65
executed within and completely remove carbon	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years if UNDER 14 PER IF UNDER 24 HRS. Months Days Hours Min. Female White Widowed Divorced May 16, 1903 62st birthday) Wonths Days Hours Min. Female White Widowed Divorced May 16, 1903 62st birthday) Wonths Days Hours Min. Female White Widowed Divorced May 16, 1903 62st birthday) Wonths Days Hours Min. Female White Widowed Divorced Widowed Widowed Divorced Widowed Widowed Widowed Divorced Widowed Widow
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR life working life, even if retired) 11c. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY SA
rtificate ing phy Then pl imoval,	13. FATHER'S NAME Ralph E. Lane 14. MOTHER'S MAIDEN NAME Estella Shawn
attendi attendi rmit. n, or re	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Henry P. LaneStevensville, Md.
OSPITAL OR ATTENDING PHYSICS 4 may be retained by the his INERTOR: After this critor, page 3 should be detacted with the State Deput	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). I PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH WAS CAUSED BY: 19. WAS AUTOPSY 19. PERFORMED? 19. WAS AUTOPSY 19. PERFORMED? 19. WAS AUTOPSY 19. WAS AUTOPSY 19. PERFORMED? 19. PERFORMED? 19. WAS AUTOPSY 19. PERFORMED? 19. PERFORMED? 19. WAS AUTOPSY 19. PERFORMED? 19. PERFORM



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicians and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

OF STATISTICAL RESEARCH

MARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

a. COUNTY				07175		h 00111		ence before aumissium,		
	Queen Anne	MARYLA		Mar Mar	yland	b. 0001	Quee	n Anne		
b. CITY OR TO write RURA Rural S	WN (if outside corporate limits, u and give nearest town) udlersville	c. LENGTH OF STAY II	11	y or town (if o Rural S				l give nearest town)		
d. NAME OF H	OSPITAL OR INSTITUTION (If not in	hospital, give street add	ress) d. ST	REET ADDRESS	MAN W. A.	<u> </u>		e. IS RESIDENCE		
	None	-		No	ne			ON A FARM? YES X NO		
3. NAME OF DECEASED (Type or print)	First Frederick	C. Weitz		Last	4. DATE OF DEATH	Mont 12-20		Day Year 19 65		
5. SEX	6. COLOR OR RACE 7. MARRIE	D F NEVER MARRIED	8. DAT	OF BIRTH	9.	AGE (In years)	IF LINDER 1 YE	EAR IF UNDER 24 HRS		
Male	Cau. WIDOWE	D DIVORCED	3-12	2-1891		birthday) yrs.				
during most of wor Auto Me	ATION (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. E	New Yo		er fereign country	12, CITIZ COUN U.S	TRY?		
13. FATHER'S NA			14. 1	NOTHER'S MAIDE	N NAME					
	erick Weitz			Theres	a Goe					
	D EVER IN U.S. ARMED FORGES? 1 (If yes give war or dates of service)	6. SOCIAL SECURITYNO.	17. INFORM			Addre				
No		Unknown	Lill	ian Wei	tz	Sudle	rsvill	e, Md.		
		r line for (a), (b), and (c).	chy li	struct	out	Tinely	ulera "	NTERVAL BETWEEN DNSET AND DEATH		
cause (a), underlying car	stating the DUE TO use last. (c)	OF	Red D	TIC	clus	ing				
ZOA. ACCIDEN	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE MERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO. 20a. ACCIDENT WAS LINDERLYING 20b. DESCRIBE HOW INVIIEY OCCURRED. (Enter nature of thiury in Part 1 or Part 11 of Item 18.)									
B OR CONTRIBU	TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	2/								
Hour a		le Not While	e. PLACE OF I	NJURY (Home, fari it, office bldg., etc	m, 20f. (0	City or town)	(County) (State)		
	Ify that (I) (this hospital) atter				to_	the causes		, that (I) (we) las date stated above		
22a. SIGNAT		15 (all	i tilat ubatil	occurred at	2 / 111 11 01	il the causes		SIGNED		
	ATTENDING MED. STAFF DIRECTOR STAFF PHYS.									
22c. PHYSIC NAME (I ETEHL	FE 220	I. ADDRESS	uf-le	AFY-	06	Lucy		
Burial, CRE	MATION, 23b. DATE THEREOF 12-23-65	23c. NAME OF CEM Green	ETERY OR CRI	EMATORY		ensbor				
24. PUNERAL DI		ADDRESS		25a. REC'	D BY REGIST		EGISTRAR'S S	^		
gokn:	3 soulais	Greensbor	o, Md.	DEC	27 19	65 10	leaves,	Judge		

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haa deer allivanniho - lacum Burn Buckersulle egra); Asia- Delaiseles .000 Papy lat Theread loons La callivation aglet multiple ismete chylispark to infertin Theme - my rought to art I Preside Filled Home HAPETEHLEE Suft . celogida: = 8-214 in the second and the second of the second o

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

-	1	5940			CERTIFIC	CATE	OF DEAT	H		303	122	
		LACE OF DEATH	en Anne's	Count	y MARYL	AND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before adm a. Maryland b. counter Anne					
]	R.F	. CITY OR TOW Write BURAL D.#1	N (If outside corpora and give pearest to Chesterto	te limits, vn) wn, Md.	c. LENGTH OF STAY	IN 1b		If outside corpo	rate limits, write RUI certown, I	Marylan	d.	
X	d	At Hom	SPITAL OR INSTITUTION	ON (If not in h	ospital, give street ad	idress)	d. STREET ADDRES	S		e. IS R ON / YES	ESIDENCE A FARM	
1	D (1	AME DF ECEASED Type or print)	Hal	lrst .lie	Middle	V	Vilson	4. DATE DF DEATH	Month 12/	12		
		male	6. COLOR OR RACE Colored	WIDOWED	DIVORCED	= 14	5/9/191		AGE (In years lef UNI monti	ns Days Hour	rs Min.	
		Labor	ION (Give kind of work ing life, even if retire	done 10b. K	IND OF BUSINESS OR VDUSTRY CIOUS			Anne's		COUNTRY?	AT	
			m Wilson				Lydia	Elloit				
	(Yes,	VAS DECEASED I no, or unkown) No	EVER IN U.S. ARMED FO (If yes give war or dates)	ORCES? 16. of service) 2/	9-07-6684		INFORMANT Len Wilso	on Cl	Address nestertow	n, Mary	land	
	1		DEATH (Enter only or ATH WAS CAUSED BY IMMEDIATE CAUSE		ne for (a), (b), and (c) temic lup		erythemat	osis		INTERVAL I	year year	
	8	Conditions, if gave rise to cause (a), sinderlying cause	any, which any, which any, which any, which any the DUE	TO (b)						And the second second		
^	CERTIFICATION	ART II. OTHER S	IGNIFICANT CONDITI		ITING TO DEATH BUT N	OTRELA	TED TO THE TERMINA	L DISEASE CONDI	TION GIVEN IN PART 1		AUTDPSY ORMED? NO 2	
U		0a. ACCIDENT OR CONTRIBUTI OF EITHER, NO	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEA FIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJUR	Y OCCU	RRED. (Enter nature	of injury in Part	l or Part II of Item	18.)		
	MEDICAL.	Oc. TIME OF I		Year 20d. While at worl	Not While	0e. PLAC fector	CE OF INJURY (Home, y, street, office bldg.	farm, 20f. (C , etc.)	ity or town)	(County)	(State)	
			y that (I) (this hos ceased alive on	pital) attend 12/12	ed the deceased from 19 65, an		death occurred at	Av-	12/1219 the causes and o	9 <u>65</u> , that (I) on the date stat		
1		22a. SIGNATU	Lec 2	Jun		M.D.		MED. DIRECTOR	STAFF PHYS. 22b.	2 - 13 -		
1			(pe)Robert	W. Far					Maryland			
	Br	BURIAL, CREM REMOVAL (Spe 17121	12/15				t Cem.	Near	0			
	24.	Onnel	Ladle	Che	stertown,	Md		C 1 6 191	no1			

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